## **State of South Dakota**



## Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office whe PACs, political party, ballot question and other committees:  See pages 9 & 10 of the Guideline Book for specific pages 9.	re you filed your nominatin File with Elections Depar 500 E Capitol Ave., Pierro	ng petition. tment, Secretary of State, SD 57501-5070	te's Office, 🏒	NECEIVED
See pages 9 & 10 of the Guideline Book for sp	pecific instructions of	on completing this	report.	EC. OF STATE
Name of Candidate or CommitteeLINCOL	N COUNTY DEMOCRA	rs		
Complete Mailing Address C/O KATHLEEN H	ILL, TREASURER,	404 E.LYNN, C.	ANTON, SD	57013-1030
Name of Person Making Report KATHLEEN	HILL	_Daytime Phone	Number	605-764-2971
If you are a candidate, what office are you see	king? <u>N/A</u>		· · · · · · · · · · · · · · · · · · ·	
If you are a ballot question committee, indicat reporting period and whether the measure was			s involved	with during the
	N/A			
Type of Report (See pages 4 & 5 of Guideline	Book) YEAR END			
For Reporting Period Ending (See pages 4 &	5 of Guideline Book	DECEMBER 3	1, 2003	
The following verification must be completed			•••••	••••••
VERIFICATION OF PERSON MAKING RE	EPORT			
I KATHLEEN HILL this report and to the best of my knowledge ar	(print nd belief it is true, co	name legibly), ce	rtify that I h te.	ave examined
\$	Candidate Signature Signature of Commit		Thu Chairperson	<i>5</i>
Revised July 2001  and July 2001  by Held 4 203			Chi.	2 Hh day of Maly 65 Melson RY OF STATE

Name of Candidate or Comm	nittee LINCOLN COUNTY I	DEMOCRATS		
For the reporting period end	ling 12/31/2003			
combine all contributions of \$100 or contributions on their respective line year from an individual or political p amount, name, address and place of	eless from individuals and the same is below and on the next page. Any courty and all contributions from PAC employment (if applicable) of the co	Contributions  p a record of all contributors, but for the from political parties and enter these such that the from political parties and enter these such that the from the front that the front the front that the front that the front the front the front that the front the fr	ums as un egate dur itemized s their ow	nitemized ing a calendar ) giving the
Unitemized Contributions from In	ndividuals:		*\$	NONE
Itemized Contributions from Indi Name	viduals  Residence Address	Place of Employment (Name of Employer)	,	
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Total of Itemized Contributions for	l rom Individuals:		」	NONE

Appendix B
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Name of Candidate or C	Committee	LINCOLN	COUNTY	DEMOCRATS

For the reporting period ending 12/31/2003

## **Schedule A – Direct Contributions (continued)**

Unitemized Contributions from Political Parties:		*\$	
Itemized Contributions from Political Parties			-
Party Name	Address		
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Total of Itemized Contributions from Political Partic	<b>es:</b>	*\$	NONE
Itemized Contributions from Political Action Comm PAC Name	ittees (PAC's) - All contributions from PAC's must be Address	iten	nized.
FAC Name	Address	\$	
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Total of Itemized Contributions from Political Actio	n Committees:	*\$	NONE
Total of All Direct Contributions (Sum of all lines w	rith an *)	\$	NONE

Name of Candidate or Committee:L	INCOLN COUNTY DEMOCRATS	
For the reporting period ending: 12	/31/2003	
Schedule B List on this schedule fund-raising events held to rais contributor gives more than \$100 or their contribution contributions must be itemized on Schedule A.		derived from each event. If a
Type or Name of Event		Net Proceeds
DINNER AND RAFFLE (FALL FUNDRAISE	R)	569.70
Total:		569.70
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		NONE
Sch Use this schedule to report any refunds, interest ear	nedule D - Other Income ned or other income which is not a direct contrib	ution.
Source of Income		Amount
INTEREST		-21
Total:	Control of the contro	.21

s schedule is to report all of t been contracted but not bille	he candidate's campaign obligations whi d, estimate the amount of the obligation.	ich are unpaid at the end of	the reporting period.
ed to:	Purpose:		Amount
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		Schedule E – Expenditures	
This schedule is to repexpenses. All other ex	ort all expenditures rela spenses should be listed.	ting to a candidate's campaign. Line items have be All contributions to candidates and committee	een provided for reporting comn es must be listed individually.
	penses	Contributions Made to Candidate	i i
item	Amount	Name of Candidate or Committee	Amount
Advertising			
Consulting			
Postage			
Printing			
Rent			
Salaries			
Telephone Telephone			
[ravel			
Utilities	<u> </u>		
List other expense tems below	List other expense amounts below		
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Name of Candidate or Committee: LINCOLN COUNTY DEMOCRATS